

**HOGAN & HARTSON L.L.P.**

500 SOUTH GRAND AVENUE  
SUITE 1900  
LOS ANGELES, CA 90071

Tel.: (213) 337-6700  
Fax: (213) 337-6701

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**AUG 08 2006**

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**IMPORTANT NOTICE****TELECOPY/FACSIMILE COVER LETTER**

**TO:** U.S. Patent and Trademark Office  
Examiner: Daniel H. Miller  
Art Unit: 1775

**DATE:** August 8, 2006

**FROM:** Lawrence J. McClure

**TIME:**

**TOTAL NO. OF PAGES, INCLUDING COVER:** 10

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**MESSAGE:**

**RE: U.S. Patent Application Serial No.: 10/781,298, Our Ref. 81863.0027**

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

August 8, 2006  
Date of Deposit

  
Diane Zynn

**TELECOPY/FAX NUMBER:** (571) 273-8300 - Art Unit 1775

**CLIENT NUMBER:** 81833.0037

**ATTORNEY BILLING NUMBER:** 1966

**CONFIRMATION NUMBER:** (please return fax to Diane Zynn)

FORM PTO-1083

81863.0027

Patent Application No. 10/781,298

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Kenji NODA

Serial No: 10/781,298

Filed: February 18, 2004

For: COMPOSITE CONSTRUCTION

Art Unit: 1775

Examiner: Daniel H. Miller

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

August 8, 2006

Date of Deposit

Diane Zynn

Name

Signature

08/08/06

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	0	20	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	1	3	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS				LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
Independent Claims: 1				TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$\_\_\_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ This Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: August 8, 2006

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701

By:

Lawrence J. McClure  
Registration No. 44,228  
Attorney for Applicant(s)

Appl. No. 10/781,298  
Amdt. Dated August 8, 2006  
Reply to Office Action of May 9, 2006

Attorney Docket No. 81863.0027  
Customer No.: 26021

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AUG 08 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kenji NODA

Serial No: 10/781,298

Confirmation No.: 4817

Filed: February 18, 2004

For: COMPOSITE CONSTRUCTION

Art Unit: 1775

Examiner: Daniel H. Miller

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

August 8, 2006

Date of Deposit

Diane Zynn

Name

Signature

08/08/06

Date

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 9, 2006, please consider the following remarks:

Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.